



ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FY 2022

Requirements:

- You must be 60 years or older as verified by a government issued photo ID OR
- Have a state recognized disability
AND
- You must meet income eligibility requirements: **\$58,000 (Single), \$73,000 (Head of Household), \$88,000 (Filing Joint)**
available assets may not exceed **\$100,000**.
- You must pay your tax bill even if you complete this application.
- Application is due **by January 31, 2022**

Program Information:

Application period is from September 1, 2021 - January 31, 2022

The Committee will meet to review applications in April and decisions will be mailed to applicants by April 15, 2022.

If funding will be granted, a reduction will be made on Quarter 4 property tax bill.

The funds available are based on donations made by residents in any given year.

Date of Application: ____ / ____ / ____

Property Owner(s): (Name(s) as appears on your tax bill) _____

Street Address: _____

How long have you resided at this address? _____

How long have you lived in Arlington? _____

Home Telephone: _____ Work/Cell Telephone: _____

Are you disabled? Yes _____ No _____.

Have you ever applied for or received any exemption for your tax bill? Yes _____ No _____

If yes, please list when: _____

ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FISCAL YEAR 2021

Please complete the following chart for all those who reside at this address in addition to applicant

Name	Date of Birth	Retired	Working	Unemployed

Please provide a copy of your most recent tax return. If you are unable to include a copy of a tax return, please let us know about any monthly income you receive using this list:

Type of Income	Monthly
Employment	\$
Interest/Dividend Income	\$
Public Assistance (SNAP, Fuel Assistance)	\$
Social Security	\$
SSI/ SSDI	\$
Unemployment	\$
Pension	\$
VA Benefits	\$
Alimony/Child Support	\$
Property Tax Work Off	\$
Other:	\$
Other :	\$
Other:	\$
	\$

Total Monthly Income: \$ _____

Please list other assets. For example: checking, savings 401(k) plans, stocks, certificates of deposit, and other real estate owned

ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FISCAL YEAR 2021

How many automobiles do you own? _____ Please list below.

Automobile	Year	Make	Registered	Unregistered
1				
2				
3				

Please list your expenses for a typical month

Expenses	Monthly
Monthly Mortgage	\$
Home Insurance	\$
Electric	\$
Gas	\$
Heating Oil	\$
Water/Sewer	\$
Cable/Internet	\$
Phone(s)	\$
Medical (insurance and other expenses)	\$
Prescriptions	\$
Property Taxes	\$
Automobile (gas, loan, insurance)	\$
Food	\$
Clothing	\$
Credit Card Payments	\$
Other	\$

Total Expenses \$ _____

ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION FISCAL YEAR 2021

Other Information

If you would like to provide any additional comments on why you are seeking assistance with your tax bill, please include a brief description of your situation below (attach additional sheets if necessary).

The information provided in this application is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Attention: Owners of Property in Trust: Trust ownership arrangements may affect qualification for assistance. As a general rule, an applicant must be a trustee and a beneficiary, and submit with the application:

1. A copy of the recorded trustee's certificate;
2. A copy of the trust instrument including amendments; and
3. A copy of the schedule of beneficiaries.